

General

Title

Depression: percent of clinically significant depression patients who, within one month of last New Episode Patient Health Questionnaire (PHQ), are on an antidepressant and/or in psychotherapy.

Source(s)

HDC topics: depression. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005 [accessed 2005 Mar 31]. [9 p].

Measure Domain

Primary Measure Domain

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This population-based measure is used in primary care settings to assess the percent of clinically significant depression* patients who, within one month of last New Episode Patient Health Questionnaire (PHQ)**, are on an antidepressant*** and/or in psychotherapy****.

This measure assesses use of evidence-based guidelines (medication and/or psychotherapy) for treatment of clinically significant depression.

Both medications and certain psychotherapies have been found to be better than usual care (Schulberg HC et al., Arch Gen Psychiatry 1998; Schulberg HC et al., Gen Hosp Psychiatry 2002).

Note: The universe of patients (denominator) for this measure is limited to the last 12 months, This enables monitoring of changes in performance in the last 12 calendar months on a continuing basis.

*Clinically significant depression = Patient with a diagnosis of depression and a New Episode PHQ of 10 or greater

**New Episode PHQ = The PHQ measurement item that is used to track the PHQ results at the beginning of a depressive episode

***For a list of specified antidepressants, see the "Numerator Inclusions/Exclusions" field in the Complete Summary.

****Refers to any type of psychotherapy for which an evidence base exists in the literature for the treatment of acute major depression (e.g., Cognitive-Behavioral Therapy [CBT], Interpersonal Psychotherapy [IPT], or Problem-Solving Therapy [PST])

Rationale

Depression is one of the most common chronic illnesses in the United States, with a one-year prevalence rate of 5-6 percent. Depression is twice as common in women as in men; it is estimated that 20 percent of women and 10 percent of men will have an episode of major depression at some point in their lives. Depression often takes a severe toll on the physical and social functioning of those who suffer from it. According to one study using the SF-36 quality-of-life measure, depression impaired social functioning more than any other chronic illness, including arthritis, diabetes, congestive heart failure (CHF), angina, and hypertension; and impaired physical functioning more than any other chronic condition except the cardiac illnesses.

Depression care in the United States is even more fragmented than care of other chronic illnesses, creating a major gap between the recommended guidelines for care and actual care. It is estimated that only 19 percent--fewer than 1 in 5--of people with depression who see their primary care provider receive appropriate, guideline-based care.

Improving depression care is not only a matter of meeting the typical challenges of providing good chronic illness care--following people over time rather than responding to acute episodes, providing systematic follow-up to ensure that patients adhere to treatment plans, and so on. In addition, depression care brings its own complex set of challenges, ranging from underdiagnosis to financial disincentives for providers to special treatment requirements because the underlying nature of the illness frequently undercuts patients' ability to be effective managers of their own care.

This measure is one of 8 additional recommended measures in the HRSA Health Disparities Collaborative for Depression; participants choose to track at least one of these measures. Participants also track 5 measures for the Depression Collaborative.

Primary Clinical Component

Clinically significant depression; antidepressant medication; psychotherapy; Patient Health Questionnaire (PHQ)

Denominator Description

All clinically significant depression* patients having a New Episode Patient Health Questionnaire (PHQ)** in the last 12 months

*Clinically significant depression = Patient with a diagnosis of depression and a New Episode PHQ of 10 or greater

**New Episode PHQ = The PHQ measurement item that is used to track the PHQ results at the beginning of a depressive episode

Numerator Description

All clinically significant depression patients with a New Episode Patient Health Questionnaire (PHQ) in the last 12 months who were on an antidepressant or in psychotherapy within one month of last New Episode PHQ (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

Need for the Measure

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

Collaborative inter-organizational quality improvement

Internal quality improvement

Application of Measure in its Current Use

Care Setting

Ambulatory Care

Behavioral Health Care

Community Health Care

Professionals Responsible for Health Care

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

Lowest Level of Health Care Delivery Addressed

Group Clinical Practices

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

See "Rationale" field.

Association with Vulnerable Populations

See "Rationale" field.

Burden of Illness

See "Rationale" field.

Utilization

Unspecified

Costs

Unspecified

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Equity

Patient-centeredness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

All clinically significant depression* patients having a New Episode Patient Health Questionnaire (PHQ)** in the last 12 months

*Clinically significant depression = Patient with a diagnosis of depression and a New Episode PHQ of 10 or greater

**New Episode PHQ = The PHQ measurement item that is used to track the PHQ results at the beginning of a depressive episode

Denominator Sampling Frame

Patients associated with provider

Denominator Inclusions/Exclusions

Inclusions

All clinically significant depression* patients having a New Episode Patient Health Questionnaire (PHQ)** in the last 12 months

*Clinically significant depression = Patient with a diagnosis of depression and a New Episode PHQ of 10 or greater

**New Episode PHQ = The PHQ measurement item that is used to track the PHQ results at the beginning of a depressive episode

Exclusions

Unspecified

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Clinical Condition

Diagnostic Evaluation

Denominator Time Window

Time window precedes index event

Numerator Inclusions/Exclusions

Inclusions

All clinically significant depression* patients with a New Episode Patient Health Questionnaire (PHQ)** in the last 12 months who were on an antidepressant*** or in psychotherapy**** within one month of last New Episode PHQ. The patient could have been on antidepressants and/or in psychotherapy any time within 31 days after the last New Episode PHQ (or even before).

*Clinically significant depression = Patient with a diagnosis of depression and a New Episode PHQ of 10 or greater

**New Episode PHQ = The PHQ measurement item that is used to track the PHQ results at the beginning of a depressive episode

***Antidepressants include the following:

Tricyclics

- Amitriptyline (Elavil)
- Desipramine (Norpramin)
- Doxepine (Sinequan)
- Imipramine (Tofranil)
- Nortriptyline (Pamelor)

Selective serotonin receptor inhibitors (SSRIs)

- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Fluoxetine (Prozac)
- Paroxetine CR (Paxil)
- Sertraline (Zoloft)

Other antidepressants

- Bupropion SR (Wellbutrin)
- Mirtazapine (Remeron)
- Nefazodone (Serzone)
- Venlafaxine XR (Effexor)

****Refers to any type of psychotherapy for which an evidence base exists in the literature for the treatment of acute major depression (e.g., Cognitive-Behavioral Therapy [CBT], Interpersonal Psychotherapy [IPT], or Problem-Solving Therapy [PST])

Exclusions

Unspecified

Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Fixed time period

Data Source

Special or unique data

Level of Determination of Quality

Individual Case

Pre-existing Instrument Used

Patient Health Questionnaire (PHQ)

Computation of the Measure

Scoring

Rate

Interpretation of Score

Better quality is associated with a higher score

Allowance for Patient Factors

Unspecified

Standard of Comparison

Internal time comparison

Prescriptive standard

Prescriptive Standard

Greater than 80%

Evidence for Prescriptive Standard

HDC topics: depression. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005 [accessed 2005 Mar 31]. [9 p].

Evaluation of Measure Properties

Extent of Measure Testing

Unspecified

Identifying Information

Original Title

Percent of CSD patients on an antidepressant &/or in psychotherapy within one month of last New Episode PHQ.

Measure Collection Name

HRSA Health Disparities Collaboratives Measures

Measure Set Name

HRSA HDC Depression Collaborative Measures

Submitter

Health Resources and Services Administration - Federal Government Agency [U.S.]

Developer

HRSA Health Disparities Collaboratives: Depression Collaborative - Federal Government Agency [U.S.]

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Unspecified

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

Measure was not adapted from another source.

Release Date

2002 Jan

Revision Date

2005 Jan

Measure Status

This is the current release of the measure.

The Health Resources and Services Administration (HRSA) reaffirmed the currency of this measure in

October 2010.

Source(s)

HDC topics: depression. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005 [accessed 2005 Mar 31]. [9 p].

Measure Availability

The individual measure "Percent of CSD patients on an antidepressant &/or in psychotherapy within one month of last New Episode PHQ," is available from the [Health Disparities Collaboratives Web site](#) .

Companion Documents

The following is available:

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: depression training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 89 p. This document is available in Portable Document Format (PDF) from the [Health Disparities Collaboratives Web site](#). See the related [QualityTools](#) summary.

NQMC Status

This NQMC summary was completed by ECRI July 27, 2005. The information was verified by the measure developer on May 22, 2006. The information was reaffirmed by the measure developer on October 26, 2010.

Copyright Statement

No copyright restrictions apply.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse® (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not

necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.